

<b>REQUEST FOR ORGANIZATION CHANGE</b>		Division (and Program, if applicable)
<i>(Use for Division and Below)</i>		
<b>Section I -- Action Proposed</b>		
<b>Action</b>	<b>Indicate Lab/Branch (and Section, if applicable) (Use complete organizational titles.)</b>	<b>5. Functional Statement(s)</b>
1. Abolish <input type="checkbox"/>		(Not applicable)
2. Establish <input type="checkbox"/>		New functional statement attached.
3. Transfer <input type="checkbox"/>	From _____ To _____	<input type="checkbox"/> Revised functional statement(s) attached. <input type="checkbox"/> Not applicable.
4. Title Change <input type="checkbox"/>	From _____ To _____	<input type="checkbox"/> Revised functional statement(s) attached. <input type="checkbox"/> Not applicable.
6. Justification for Proposed Change		

<b>Section II -- Clearance Action</b>		
7. Initiating Official (Title)	Signature	Date
8. Recommending Official (Title)	Signature	Date
9. Administrative Officer (OD, ED, DIR)	Signature	Date
10. RECOMMENDATION OF MANAGEMENT SERVICES BRANCH <input type="checkbox"/> Approval <input type="checkbox"/> Other (See comments on reverse.) <input type="checkbox"/> Disapproval	Signature	Date

<b>Section III -- Impact Statement</b>													
11. Adverse Impacts? (Check kind and explain in Section IV, #14 on reverse.)  <input type="checkbox"/> Financial <input type="checkbox"/> Space <input type="checkbox"/> Other <input type="checkbox"/> Personnel <input type="checkbox"/> EEO Objectives <input type="checkbox"/> None	11a. Concur in Assessment if Impact (If "no," explain in Section IV on reverse.) <table style="width: 100%;"> <tr> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 70%;">Budget Officer, NIAID (Signature)</td> <td style="width: 10%;">Date</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Personnel Officer, NIAID (Signature)</td> <td>Date</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	YES	NO	Budget Officer, NIAID (Signature)	Date	<input type="checkbox"/>	<input type="checkbox"/>	Personnel Officer, NIAID (Signature)	Date	<input type="checkbox"/>	<input type="checkbox"/>		
YES	NO	Budget Officer, NIAID (Signature)	Date										
<input type="checkbox"/>	<input type="checkbox"/>	Personnel Officer, NIAID (Signature)	Date										
<input type="checkbox"/>	<input type="checkbox"/>												

<b>Section IIIA -- Final Approval</b>		
12. Executive Officer, NIAID	Signature	Date
13. Approving Official	DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	Signature	Date

## Section IV -- Narrative

14. Comments